

**City of Columbus – Division of Power and Water
Low Income Discount Application Form**

ELIGIBILITY: To be eligible for the Low Income Discount program, applicants must meet the following requirements:

- 1) Customer has an active water or sewer account for his or her residence in his or her name.
- 2) Customer is currently enrolled in any of the following low income programs:
 - a) Food Stamp Benefits
 - b) Ohio Medicaid
 - c) Low Income Energy Assistance (LIHEAP)
 - d) Home Energy Assistance (HEAP)
 - e) Ohio Works First
 - f) Social Security Disability
 - g) Public Housing Benefits
 - h) Homestead Exemption

LOW INCOME GENERAL INFORMATION

- 1) Customer will receive a fifteen (15) percent discount on water and sewer commodity charges (actual usage)
- 2) Discount will **not** include:
 - a) Meter reading fees
 - b) Late charges, interest or other associated charges
- 3) **Eligibility must be established annually.**
 - a) Customer must sign a new application on or before the date of the previous year's application to maintain eligibility.
- 4) **If customer becomes ineligible for the discount.**
 - a) Customer will notify the Division of Water as soon as possible, but **no later than 30 days of the customer's ineligibility.**
- 5) **Falsifying information/failing to notify eligible status change may include:**
 - a) Termination of Water Services
 - b) Recovery of past discounts
 - c) Civil and/or criminal sanctions

APPLICATION FOR LOW INCOME DISCOUNT PROGRAM

NAME: _____

Last

First

Middle

ADDRESS: _____

Number

Street/Road

Apartment #

City

State

Zip Code

TELEPHONE: _____

ACCOUNT NUMBER (from water bill): _____

LOW INCOME PROGRAM PARTICIPATION

Check the appropriate box for the participating Low Income Program:

- ☐ Food Stamp Benefits
- ☐ Ohio Medicaid
- ☐ Low Income Energy Assistance (LIHEAP)
- ☐ Home Energy Assistance (HEAP)
- ☐ Ohio Works First
- ☐ Social Security Disability
- ☐ Public Housing Benefits
- ☐ Homestead Exemption

This application must have a notarized signature or attached documentation proving participation in the low income program* to be mailed to:

**Division of Power and Water – Customer Service
910 Dublin Road
Columbus Ohio 43215**

** Documents submitted with this application will **not** be returned.
Send copies of documents only.*

The information associated with this application has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.

APPLICANT'S SIGNATURE: _____

DATE: _____

Preparer's signature (if different from applicant): _____

Notary of Public signature (if applicable): _____